

# eMERGe – Developing a meta-ethnography reporting guideline

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The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

The eMERGe study started on 1 June 2015 and will end on 31 May 2017.

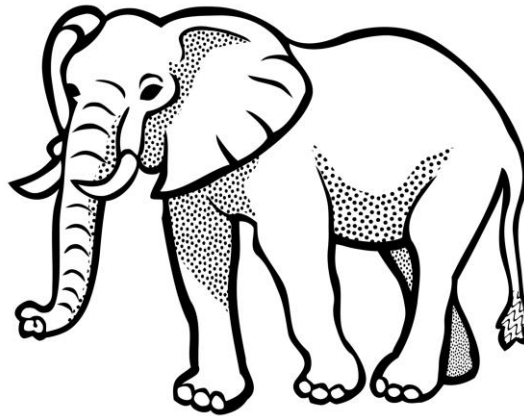
**We have 2 options.  
Either an evidence-  
based treatment or an  
exciting, risky  
alternative.**



## Main points:

- Evidence-based medicine requires robust synthesised evidence
- Qualitative evidence syntheses (QES), including high quality meta-ethnographies, increasingly inform clinical guidelines but this is a new phenomenon
- Meta-ethnography is a unique, rigorous, systematic method of synthesising multiple primary qualitative research studies. It is inductive and interpretive - **not just about aggregation/ summarising.**
- Meta-ethnography is the most widely used QES approach in health-related research but quality of meta-ethnographies varies & is often poor
- No specific guideline to guide quality of meta-ethnography reports
- Reporting guidelines, e.g. PRISMA, can raise reporting quality.

We urgently need in-depth a meta-ethnography reporting guideline to raise the reporting standards of meta-ethnographies internationally and thus maximise their ability to contribute robust evidence to improve health services and patient care. This means it will be more likely that qual evidence on people's experiences will be used



What is meta-ethnography?

Study aim

Methods – in brief

Findings – focusing on meta-ethnography analysis & synthesis phases

Conclusions

ME is a type of qual synthesis- ie it is one way of synthesising [bringing together] primary qual studies. Qual synthesis in general is a bit like an elephant.

Or at least like a Buddhist parable (Ireland, 1997) about blind men trying to describe/identify an elephant.

“On feeling the trunk, one proclaims it to be rather like a snake; while another, on feeling the ear, explains it is more like a fan; yet another, upon touching the legs, describes the beast as tree-like...”

It requires the merging of all the men’s accounts to depict the whole elephant. A qual synthesis aims to analyse and distil into a coherent whole the findings from multiple individual qualitative studies that focus on the same topic.

Some QS methods are predominantly aggregative but **ME is not just about aggregation**

## Why do it?

Similar to the elephant parable, merging or synthesising the accounts of individual studies on the same topic can enable us to gain a rich and more comprehensive understanding of a phenomenon, beyond the interpretations of the original authors.’

Revise current understanding e.g. of an illness experience

Generate model, theories & hypotheses that could be tested in future

Identify knowledge gaps & directions for future research or where saturation on a topic’s been reached

- create an evidence-based meta-ethnography reporting guideline
- maximise value & utility of meta-ethnography for enhancing health service design & delivery & health care



The project aim is to create an evidence-based meta-ethnography reporting guideline articulating the methodological standards and depth of reporting required. The purpose of the guideline is to maximise meta-ethnography's value and utility for enhancing health service design and delivery and understanding patient experiences, so improving patient experiences and outcomes for *any* specific health service, topic or illness.



The guideline will have a potentially wide-reaching impact

Benefit researchers & students doing & reporting meta-ethnographies (contribute to their education & training)

Should raise the quality of meta-ethnography conduct & reporting

Better conducted & reported meta-ethnographies are of benefit to policy makers, patients, clinical guideline developers, NHS managers

The longer term (indirect) impact is to enhance health service design/delivery, patient experiences & outcomes.



## EMERGE STUDY DESIGN

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Patients & the public are not direct users of guidelines – the main end users are academics (researchers, journal editors, peer-reviewers) but clearly the guideline could have an impact on them through enabling qualitative research to influence health care services & policy etc.

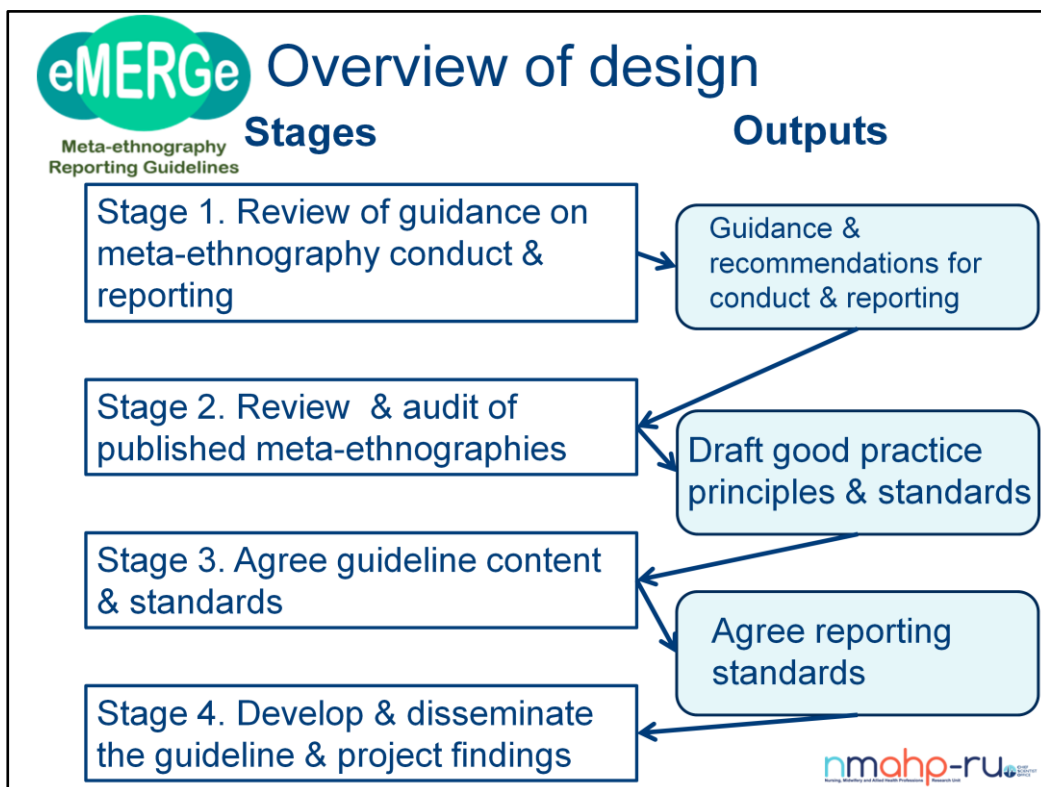
There is PPI in all phases of the project.

The aim of PPI is to ensure relevance, accessibility & usefulness of the guideline for all key stakeholders

Individuals & patient representatives participate in the project advisory group but also as research participants.

Online and telephone training and preparation is provided to facilitate full participation.

There are 6 lay advisors and 23 lay research participants



We have designed the study to follow good practice in research reporting guideline development (reference: Moher et al 2010).

The four-stage mixed methods eMERGe study to produce reporting guidelines for meta-ethnography is underway. You can see the four different stages here: a review of guidance, a review and audit of meta-ethnographies, agreeing the guideline content and disseminating the finished guideline.

The outputs are what we will produce from each stage of the study.





What are existing recommendations & guidance for conducting & reporting each process in a meta-ethnography, and why?

The research question for stage 1 is: What are the existing recommendations & guidance for conducting & reporting each process in a meta-ethnography, and why?

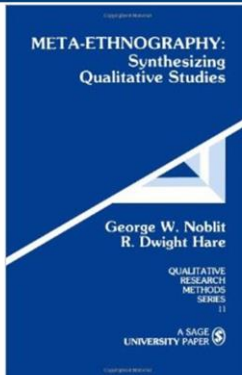
### **Design and Methods**

Stage 1 involved a methodological systematic review of the literature on the methodology and conduct of meta-ethnography to identify recommendations and guidance in conducting and reporting meta-ethnography – it focused on the analytic and synthesis processes and highlighted issues and characteristics specific to this qualitative synthesis approach

We conducted both comprehensive & forensic/iterative literature searches to include publications from any academic discipline, not just health. We used bibliographic databases, contacted experts, searched reference lists of included publications, and looked at a range of websites e.g. Cochrane website. From over 7000 retrieved references we included 57 publications in the review.

Output of stage 1: a description/typology of recommendations/guidance for meta-ethnography conduct and reporting.

We have found a lack of formal evidence-based guidance and recommendations particularly for how the complex analysis and synthesis is conducted and reported, but we have identified rational/logical arguments for certain approaches and many issues for debate.



- What good practice principles can we identify in meta-ethnography conduct & reporting?
- From the good practice principles, what standards can we develop in meta-ethnography conduct & reporting?

The research questions for stage 2 are:

What good practice principles can we identify in meta-ethnography conduct & reporting?

From the good practice principles, what standards can we develop in meta-ethnography conduct & reporting?

### Design & Methods

A multi-method design involved –

(1) analysis of seminal and lower quality meta-ethnographies (i.e. poorly conducted and/or reported)

(2) qualitative interviews with professional end users of evidence syntheses about their views of meta-ethnography reporting

And (3) a review and audit of a sample of published meta-ethnographies.

- (1) 12 seminal and 15 lower quality meta-ethnographies were identified by our expert advisors and through existing published reviews of meta-ethnographies to help identify good & poor practice in conduct & reporting
- (2) 14 professional end users, e.g. from NGOs, guideline developers, commissioners, were asked to read and give their feedback on 1 seminal and 1 lower quality meta-ethnography in relation the quality of reporting and its usefulness of policy & practice
- (3) We then created around 100 draft guideline standards, against which we audited around 40 purposively sampled published meta-ethnographies selected from

over 600 published meta-ethnography journal articles in health & social care.

Output: draft good practice principles; draft guideline standards.



**What is the consensus of experts & other stakeholders on key standards & domains for reporting meta-ethnography?**

The research question for stage 3 is:

What is the consensus of experts and other stakeholders on key standards and domains for reporting meta-ethnography in an abstract and main report/publication? ('Other stakeholders' include all non-academic participants in the study including lay people and other professionals).

### **Design and methods**

- 2 online consensus workshops – the same but repeated – with academics, other professionals and lay people from UK and internationally and
- 2 online Delphi consensus studies with up to 90 participants to agree the reporting guideline content in order to make it explicit and accessible. (Same participants in workshops & delphi but fewer in workshops)

Output: guideline statement.

In the workshops, we will present the project and findings so far and the draft standards. We will debate & discuss these with the participants.

### **What is a Delphi? –**

Delphi is a group consensus-reaching method which has been used extensively in guideline development. In a Delphi, a group of participants is presented with questionnaires in a series of rounds. After each round, respondents get feedback on their own and the group's responses to the previous version of the questionnaire.

Key advantages of the Delphi method include: the anonymity of participants' responses avoids peer-group pressure to conform to the majority view so it encourages honest, unbiased opinions; it does not require face-to-face interaction which would be challenging with a geographically-spread panel.

### **Delphi Design**

There will be two separate but identical Delphi studies -

- 1 for 30-45 academic experts,
- 1 for 30-45 others (non-academic professionals and lay people)

This way we can see what's important to each group & if this differs.

We will include items important to *either* group in the final guideline.

The Delphi will be conducted in the form of an online questionnaire –with 3 'rounds.'

A set of provisional guideline items is presented e.g. an item could be "the title should include the term 'meta-ethnography' "

The participant is asked "How important is it to you that the item should appear in the guideline? "

They respond on a scale where 1= very unimportant, 2= unimportant, 3= important, 4=very important.

The aim of stage 3 is to achieve expert and/or key stakeholder consensus on the content of the reporting guideline. The studies will determine what are the most important items to include in a reporting guideline.



Stage 4 is to

- develop a detailed explanatory document to accompany the guideline statement, that gives examples of good reporting and the rationale for including particular domains and information
- Publish the reporting guideline in an open access journal
- Create an NIHR report template for meta-ethnographies (none exists currently – current template designed for quant SRs)
- and training materials on guideline use including
  - Academic user podcasts
  - Workshop for professional users of qualitative evidence syntheses such as meta-ethnography
  - Contribute to established training course on qualitative evidence syntheses
- Negotiate with journal editors to promote use of guideline
- Disseminate via conferences, journals, project website, EQUATOR, JISC mailing lists, advisory group, newsletters, and networks.

We will seek feedback from the project advisory group on the explanatory document before it's finalised. We have already registered our intent to produce the guideline with the EQUATOR (Enhancing the QUALity and Transparency Of health Research) international network and comprehensive database of reporting guidelines. We have published our project protocol in an open access journal and published the stage 1

systematic review protocol on the PROPSERO database, in line with good practice.



We have completed stages 1 & 2 – the methodological systematic review and the review and audit of published meta-ethnographies. Stage 3 consensus study is underway with the first workshop next week.



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My contact details & project website are here